



## APPLICATION FOR A LICENSE TO CONDUCT A RESIDENTIAL FACILITY FOR CHILDREN AND YOUTH

**Good Beginnings last a lifetime.** The service you offer to children and youth is important to the community and will have a lasting impact on the children and youth which you serve. Kansas child care laws and regulations are designed to reduce the predictable risk of harm to children and youth. By completing and submitting this application you are: 1) requesting a license to operate a residential child care facility and 2) affirming that you have read and agree to comply with all laws and regulations for licensed residential programs serving children and youth.

### SECTION I. INTENT OF THE APPLICANT/OPERATOR. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

This application is for a :

☐ attendant care facility      ☐ detention center      ☐ group boarding home  
☐ residential center      ☐ secure care center      ☐ secure residential treatment facility

☐ This application is for a new residential facility.

☐ This application is for a residential facility that is currently licensed or approved, but we are:

☐ moving to a new location      ☐ changing ownership      ☐ changing our program type [for  
 example from a group boarding home  
 to a residential center]

### SECTION II. FACILITY INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Official name of the Facility to be stated [or as stated] on the license.		Contact Person for Licensing	Title
Physical Address of the Facility: Street Address		City	Zip Code + 4
County	Phone Number (   )	Fax Number (   )	Email Address
Mailing Address of the Facility: Street Address		City	Zip Code +4

### SECTION III. LEGAL OWNER/OPERATOR INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.

Name of the Legal Owner/Operator		Contact Person for Licensing	Title
Physical Address of the Owner/Operator: Street Address		City	Zip Code + 4
County	Phone Number (   )	Fax Number (   )	Email Address
Mailing Address of the Owner/Operator: Street Address		City	Zip Code +4

The Legal Owner/Operator is a [check ONE of the following]:

☐ individual, partnership or association of individuals that is [are] not incorporated.  
☐ corporation.\*  
☐ governmental agency.  
☐ other [please describe] \_\_\_\_\_

\*Attach certified copy of Articles of Incorporation and bylaws which are filed with the Secretary of State's Office.

Provide tax identification number: \_\_\_\_\_. [For an individual operator, this is the social security number.]

**SECTION IV. SERVICES.**

I/We plan to serve the following population:

☐ Male; ☐ Female; ☐ Coed: Age-Range: \_\_\_\_\_ to \_\_\_\_\_ Children who are:  
☐ Placed by parents ☐ Under protective custody order; ☐ Adjudicated CINC; ☐ Adjudicated JO

I/We plan to provide the following services **[Check all that apply]**:
☐ Emergency/Temporary Care; ☐ Residential Treatment; ☐ Maternity Home Care;

My/Our anticipated opening date is \_\_\_\_\_ [MM/DD/YYYY]

I/We have notified the school district \_\_\_\_\_ of the planned opening: ☐ Yes ☐ No**PROVIDE A BRIEF SUMMARY OF THE SERVICES YOU PLAN TO PROVIDE. PLEASE TYPE OR PRINT.****SECTION V. PHYSICAL PLANT. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**A. This facility is: ☐ New Construction ☐ An Existing Building ☐ A Mobile HomeB. This facility is connected to: ☐ Public Water ☐ Public Sewer ☐ Well Water\* ☐ Septic Tank/Lagoon

\*If not on public water/sewer, annual approval of water supply and sewage disposal is required.

**SECTION VI. ADDITIONAL INFORMATION. COMPLETE ALL INFORMATION REQUESTED. PLEASE PRINT.**

☐ Yes ☐ No I/We have had a certificate or license for a child care facility in the past and the facility is closed.  
☐ Yes ☐ No I/We currently have a certificate or license for a child care facility and I/we intend to keep that facility open.

If you answered Yes to either of the above questions, please complete the following information:

Name on the previous license or certificate \_\_\_\_\_

License/Certificate Number \_\_\_\_\_

Address on the previous license or certificate \_\_\_\_\_

Calendar Year(s) of operation \_\_\_\_\_

**SECTION VII. AGREEMENTS AND AUTHORIZED SIGNATURE(S), READ EACH STATEMENT AND SIGN THE APPLICATION WHEN COMPLETED.**

I/We, the undersigned am [are the person(s)] named as the Applicant or the authorized representative(s) of the owner listed above.

I/We have read the laws and regulations governing the operation of this facility and it is the intention of this applicant to comply. I/We understand that I/we are responsible for meeting and maintaining compliance with all applicable child care licensing laws and regulations at all times.

I/We affirm that I/we have developed a written statement of philosophy, purpose, program orientation, and policy of operation including the agency's position on disciplinary methods to be used by staff. Corporal punishment is prohibited. The statement contains long and short term goals and is available to the designated representative of the Kansas Department of Health and Environment [KDHE], and to the public.

I/We understand that a new application may take up to 90 days for processing by KDHE once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services related to child placing prior to receiving a Temporary Permit or License from KDHE.

In accordance with Kansas Statutes Annotated 44-1009, I/we shall not refuse service to any person for reason of race, religion, color, sex, physical handicap, national origin or ancestry.

I/We attest, under penalty of perjury, that to the best of my/our knowledge, that the information provided in this application is true and correct.

Authorized Signature:	Title:	Date (MM/DD/YYYY)
Authorized Signature, if more than one person:	Title:	Date (MM/DD/YYYY)

SECTION III. ALTERNATIVE PAYMENT METHOD.

**IF PAYING THE STATE LICENSE FEE BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION:**

**Credit Card Information - *DISCOVER CARD ONLY*** [Please print clearly]

**Discover Card Account #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

Amount of the state license or registration fee \$ \_\_\_\_\_

**Signature as it is written on the card** \_\_\_\_\_

**By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.**

**SECTION IX. MAILING INSTRUCTIONS. SUBMIT THE DOCUMENTS LISTED BELOW.**

1. Completed and signed application
2. Request for KBI/SRS Background Check [You must keep a copy on file.]
3. State Fire Marshal Approval .
4. Licensing fee: Attach check or money order for license fee
5. Articles of Incorporation and Bylaws (if applicable)
6. Detailed program description as required by Part IV Services.
7. Floor Plan/Plot Plans (see Part IV Physical Plant)
8. Directions to facility if rural location
9. Organizational Chart
10. If rural facility, include detailed directions to the facility.
11. Documentation the building meets legal requirements of the community
12. Approval of well water/sewage disposal system (if applicable).
13. Proposal required by K.A.R. 28-4-269 for group boarding homes and residential centers, K.A.R. 28-4-331 for secure residential treatment facilities, or K.A.R. 28-4-351 for detention and secure care centers.
14. Copy of documentation that Local School District received at least 90-Day Notice of intent to open and program proposal required by K.A.R. 28-4-269 for group boarding homes and residential centers, K.A.R. 28-4-331 for secure residential treatment facilities, or K.A.R. 28-4-351 for detention and secure care centers.